ITB 10-X-2193986
Final Bidders Questions Submitted to Medicaid by 08/26/09

	Page #	Section	Question and Answer
1	General		If the criteria for adequate network is a PNC site and delivering hospital within 50 miles, what tool will be used to determine the farthest residence in a county comparing it to the nearest DHCP and hospital AMA Response: Since hospitals are not a component of the bid the calculations will be based on the DHCP and distances branching from this site. This will be mapped by the bid review team on county maps prepared by the Alabama Department of Transportation.
2	General		Specifically where in what regulations/guidelines/ State Plan is the definition of what constitutes a teaching facility? Please cite the reference. If the site is : (36) Teaching Hospital- A hospital which is affiliated with and under the control of a University in the State of Alabama which has an accredited school of medicine, medical research programs, and a broad range of residency programs, eg., surgery, internal medicine, pediatrics and obstetrics. Please define affiliated with. AMA Response: The definition of a teaching hospital is irrelevant to this ITB. Refer to Attachment H of the ITB which is a copy of Attachment 4.19-B, 3.a.2 of the Alabama Medicaid State Plan for a definition of a teaching physician. A list of the teaching physicians will be posted to the AMA website.
3	General		If OB/GYN employees of a teaching facility hospital deliver babies at a non-designated teaching facility, will their deliveries be excluded from the global? AMA Response: Yes, as long as the physician meets the definition of a teaching physician found in Attachment 4.19-B of the Alabama Medicaid State Plan. A list of the teaching physicians will be posted to the AMA website.
4	General		What lengths will the evaluation of bids for compliance of an adequate network be given? AMA response: Refer to question One of this

			document.
5	General		Is the director required to have been a program director for maternity before, or can it be someone who has worked in other positions in the program? AMA response: Refer to Operational manual, page 16, D. , for the minimum qualifications as it pertains to the Program Director.
6	General		What are the CPT codes for the anesthesia and radiology components for which the Primary Contractor is responsible? AMA Response: All CPT codes for these components are the responsibility of the Primary Contractor.
7	General		When you say the Amendment must be in the bid, do you mean just the one sheet, or the entire document with attachments. AMA Response: The one front cover sheet.
8	General		Will the Health Department file directly for the reimbursement scheduled to be available to assist recipients obtain birth certificates required to determine Medicaid eligibility? AMA Response: Yes. Would the Application Assister be able to actively assist the recipient with that process? AMA Response: No.
9	General		The in hospital Care Coordination encounter is missed. The recipient comes in to the healthcare provider office within 20 days. The Care Coordinator takes advantage of the availability of the recipient to complete the missed encounter rather than chancing not being able to coordinate with the recipient to complete the home visit. The in hospital encounter will remain the mandated route of completion of the Care Coordination visits. Could attempting to schedule an office visit with the recipient be the first line of action for follow-up for a missed in hospital

			encounter with a home visit to be scheduled as a method to ensure completion? AMA response: No. The first line of action should be to an attempt to schedule a home visit.
10	General		Currently edits are in place at EDS that deny claims if more than one delivery fee is billed within six months. If teaching facility associated OB providers can bill Medicaid fee-for-service for the delivery global component (codes 59400 or 59510) on a particular recipient and the primary contractor also bills for the contracted global fee to pay subcontractors for other associated services (care coordination, anesthesia, ultrasounds, etc) for the same recipient using the same above codes as required in the Operations Manual Section VIII A page 45---will this create billing denial issues under this new contract. AMA Response: System issues will be addressed prior to the initiation of the new contract.
11	General		In the event that a face-face hospital delivery encounter is missed in the hospital necessitating a home visit be performed within 20 days for the purpose of completing this encounter face-face; if the patient presents to the DHCP office with a problem within the 20 days of delivery and the care coordinator is located in the DHCP office and can see the patient face-face at that time to review all info needed to satisfy the visit requirements, is it necessary to send the care coordinator to the home as well to complete the same encounter? AMA Response: No, but the Care Coordinator record must support the reason for no home visit. If a visit is scheduled and the recipient is a no show the window of opportunity for the home visit may be exceeded.
12	General		For OB providers associated with a teaching facility as specified in the State Plan and who can bill Medicaid fee-for-service for the global delivery component, what is the fee-for-service reimbursement rate for codes 59400 and 59510 if the delivery only fees are $1161 and $1383 respectively? AMA Response: 59400 =$2052.00 59410=$1161.00

13	General		As the ITB/Operations Manual states the Primary Contractor's Profile will measure the percentage of diabetic women who have at least one session with a registered dietician, does Medicaid anticipate adding dietician counseling for diabetics as a billable item for fee-for-service reimbursement in order to assist in the provision of this service? My understanding is that it is currently not a billable service to Medicaid—only the DME supplies and area WIC directors states dietary education is pretty much limited to general info, not in-depth diabetic teaching. AMA Response: No, AMA does not anticipate adding dietician counseling for diabetes as a billable service.
14	General		Has historical data been pulled to look at what the fee for service payment would be and would you then expect the PC to come in at a rate to maintain budget neutrality? AMA Response: Historical data as well as projections are utilized in budget neutrality calculations. The expectation is that the PC will submit a bid that correlates with the contract requirements as well as changes.
15	General		Is it up to Primary Contractor option on how to bill for services by faculty physicians associated with a teaching facility that also provide physician coverage for local FQHCs (provide prenatal coverage on-site at FQHC and delivery services at the teaching facility)? For example, the FQHC has a prenatal clinic and has a subcontract with the teaching facility OB faculty to see FQHC maternity clients within the FQHC clinic for prenatal care visits with the understanding that the patients will be delivered at the local teaching facility by the OB faculty, will the OB faculty at the teaching facility bill Medicaid fee-for-service for delivery only and the primary contractor's global cover the FQHC prenatal care component or should the OB faculty bill the delivery global and work with the FQHC on payment, or can that be left to Primary Contractor/FQHC/OB teaching faculty discretion? If the OB teaching faculty bills for delivery only code,

			will that bump up against a primary contractor billing for the full agreed on global rate/code (versus primary contractor delivery only global code) and cause payment delays and/or claim denials? AMA Response: This can be left to Primary Contractor/FQHC/OB discretion to work out the billing arrangement for prenatal care. The system will be modified so that the delivery only fee will not bump up against the primary contractor global.
16	General		The response to question number 65 on the posted Pre-bid Questions states that Medicaid is limited to who is reimbursed for application assister functions and that currently only public disproportionate share hospitals are eligible for reimbursement. Is this reimbursement mechanism currently in place and what is the methodology for public disproportionate share hospitals to apply/bill for reimbursement for application assister functions? AMA Response: The Health Group of Alabama oversees the hospital application assister program for Medicaid. It is a fairly new program and less than 10 Public Disproportionate hospitals are participating at this time. Peggy Dunlap is the contact at pdunlap@charter.net
17	General		Currently, Medicaid's billing system will reject a delivery or global fee claim if more than one delivery code is billed in less than 6 months. QUESTION: After January 2010, will the billing system allow both, the Primary Contractor's and USA/UAB Physician's delivery claim, to be billed without rejecting one of them? AMA Response: System changes will be implemented prior to initiation of the new contract.
18	General		In the case of a drop-in delivery (delivery only) patient, who is a potential Medicaid recipient, is there any HIPAA violation in obtaining information about the patient and performing a hospital encounter? Will the answer be different if the Primary Contractor has a Business Associate agreement with the hospital? AMA Response: Since the recipient is not a Medicaid

			recipient at the delivery time, the face to face encounter is not required.
19	General		Please clarify high risk. AMA Response: Please refer to the answer to question 28 in the previously submitted questions.
20	General		Will there be Application Assister training? Can it be done in the district? AMA Response: The AMA offers Application Assister training free of charge. We will work with you to provide the most effective and efficient mechanism for training which also includes webinars.
21	General	******	Who will be doing the DHCP report cards for the teaching facilities? AMA Response: For clarification, there are no report card requirements for teaching facilities. The teaching physicians will be exempt from report cards from the primary contractors.
22	General		What made UAB and USA teaching facilities? How did ADPH determine that they were teaching facilities? AMA Response. Refer to question 2 of this document.
23	General	******	Does a true Medicaid retro patient require a face to face home visit due to not having a hospital face to face hospital visit? AMA Response: Recipients which receive retro financial eligibility will not be required to have a face to face home visit if the retro award exceeds twenty days following delivery.
24	General		It is our understanding that the Maternity Care Program has not yet been approved by the State, particularly the portion relating to the exclusion of the hospital component from the global fee. If the State will not approve the separation of the hospital component, is there a Plan B? If so, what is it? When will we know if all necessary approval has been obtained for the program to move forward?

			AMA Response: The Maternity Care program changes are contingent upon CMS approval of a waiver amendment. We are proceeding as if CMS will approve the changes.
25	ITB, pg. 24	Section 2, Functions/Responsibilities of Primary Contractors, part g.Toll Free lines	Are you required to support a toll free line if no point within your district necessitates a long distance call to the primary contractor's office or any subcontractor office within that district? AMA response: The ITB will be amended to allow for the exception that no toll free line is required if no point including the Primary Contractor's office and all subcontracting offices in the district necessitates a long distance call.
26	ITB, pg. 31	Medical Care System Excluded Services	Page 31 of the ITB states High Risk consult visits (procedure codes 99241-99245) are excluded services and would reimbursed by Medicaid to the provider fee-for-service however page 48 of Attachment I, the Operational manual, last sentence of 6. States "referrals for high-risk care are the responsibility of the PC and includes procedure codes 99241-99245. Please clarify, is the Primary Contractor responsible for just ensuring a referral system is in place to send, the women for consults as needed and the high risk provider bills for the consult fee-for-service to Medicaid using the above procedure codes or is the primary contractor responsible for payment as well? AMA Response: Page 31 of the ITB has been amended to remove this exclusion.
27	ITB, pg. 32	Section 2.6 High Risk Protocols:	Since the Primary Contractor must ensure that high risk needs are met and the coordination of high risk care is not excluded from the global, what evidence of this coordination is required in the ITB response? Would specification in the Care Delivery System Flow Chart and Narrative be sufficient? AMA response: Yes.
28	ITB, pg. 33	Subcontractor Reimbursement System *****	According to the ITB. "In all cases payments to subcontractors must be within 60 calendar days of the date of delivery". For patients with third party insurance, no payment can be made until the DHCP receives payment from the insurance company. Can this be modified since the Primary Contractor does not have control over when the DHCP files and receives

			payment? The way it is written, it places liability on the Primary Contractor. AMA response: The ITB will be amended to add this exception.
29	ITB, pg. 37	Section 2.9.b(2): Medicaid Oversight ****	Page 37 of the ITB states Medicaid initiated Medical Record Reviews will be conducted on an annual basis while page 71 of the Operational Manual states the reviews will be done on a semi-annual basis. Please clarify if reviews will be conducted annually or semi-annually in order to alert DHCP's of Medicaid's anticipated schedule in requesting copies of records to be sent to Medicaid for review. AMA Response: Semi-annual. The ITB will be amended to reflect the same.
30	Op Man, pg. 31	V.C.9. Excluded Services	If outpatient emergency room services are provided that do not contain a facility fee charge of 99281-99285 and associated physician charges 99281-99288, is the Primary Contractor responsible for the ER physician fees? AMA Response: No.
31	Op Man, pg. 32	Excluded Services,16,b.	"For any service provided by a physician associated with a teaching facility, as defined in Attachment 4.19-B of the State Plan, the service is excluded from the global." However, p. 29, b. *Ultrasounds* under Included Services, says, "The global fee includes both the professional and technical components of <u>all</u> medically necessary ultrasounds." QUESTION: Are ultrasounds given and read by USA and UAB physicians included or excluded from the global fee? ANSWER: Services provided by physicians, including ultrasounds, which are associated with the two teaching facilities, UAB and USA, are excluded from the global fee. A chart will be posted to the web that displays the professional and technical components of ultrasounds and the primary contractor responsibilities related to payment.
32	Op Man, pg. 39	VI.D	Are there circumstances in which the 2nd encounter can be provided at the postpartum physician visit if such encounter is not completed at the hospital for whatever reason? Reasons that come to mind could

			include patients granted Medicaid benefits retroactively or those unavailable to the care coordinators for whatever reason prior to discharge? AMA response: Yes, the care coordinator documentation must support a valid reason for no home visit.
33	Op Man, pg. 39	Post Partum In-hospital Care Coordinator Encounter	According to the Op Man in relation to face to face Care Coordinator Encounters "The other encounter must occur while the mother is still in the hospital after delivery". Scenario 1: A patient with Medicaid presents and delivers with no prenatal care. The DHCP does not inform the Primary Contractor and only does so when they are unable to receive payment from Medicaid. The required time for Post Partum follow-up has elapsed. Scenario 2: A patient without Medicaid presents and delivers. The patient receives retro Medicaid to cover her delivery within 3 months of delivery. The DHCP does not inform the Primary Contractor until they are unable to receive payment from Medicaid. The required time for Post Partum follow-up has passed. What recourse does the Primary Contractor have in relation to Medicaid? Will there be an exception in such instances to prevent the missed encounter from counting against the Primary Contractor? AMA Response: Yes. Exceptions will be considered contingent upon the Care Coordinator documentation.
34	Op Man, pg. 39	Section VI.D. Subsequent Encounters	In answer to question 68 of the initial pre-bid questions, it was identified that the Primary Contractor is expected to track dates of confinement and follow the patient in order to arrange home visits in cases where an in hospital encounter cannot be completed, such as an out of town or out of state delivery. How would Primary Contractor non-compliance be viewed if the recipient delivers early without notification to the Care Coordinator or PC AMA Response: The AMA expectation would be that once the PC is notified some type of further action would be initiated to provide the teaching of the required elements not previously provided. This could

			be done through a mail correspondence and a copy maintained in the recipient record.
35	Op Man, pg. 39	VI.D. Subsequent Encounters:	HIPAA regulations would prohibit hospital staff from notifying the Primary Contractor or the visiting Care Coordinator of the delivery when a patient is 'self-pay' even if a 'Business Arrangement' exists with the delivery hospital. The Primary Contractor, therefore, would not be aware of the delivery in order to complete an in hospital care coordination encounter or home visit. How would this noncompliance be factored regarding Primary Contractor compliance with program requirements? AMA Response: Refer to question 18.
36	Op Man, pg. 39	Section VI.D. Subsequent Encounter	How would Primary Contractor performance be effected when a 'self-pay' patient not enrolled in the Maternity Care Program at the time of delivery receives retroactive Medicaid coverage after the time allotted for completing a home visits due to a missed Care Coordination encounter? AMA Response: Refer to question 18 of this document.
37	Op Man, pg. 39 and 41 ITB	Section VI.D.4. and 24 Attachment G	The Operational Manual states that Subsequent Care Coordination Encounters including the hospital face-face encounter address family planning counseling/discussion by the DHCP and the care coordinator with the patient and possible dispensing of birth control prescriptions while hospitalized. If we have a subcontracting hospital that will not allow discussion and/or provision of birth control measures within their agency based on religious grounds, will allowances be made by Medicaid when reviewing face-face care coordinator encounter documentation for the required hospital visit components for QA audits/provider compliance issues that this service cannot be addressed at the time of the hospital visit for patients that deliver at this facility and will be documented as covered during other care coordination/DHCP encounters? AMA Response: Medicaid will make allowances for this situation if documentation supports this topic was covered during other care coordination/DHCP encounters.

38	Op Man, pg. 41	VI.D.19. Care Coordination	A home visit is made to the recipient's home due to a missed inpatient care coordination encounter. The home visit is performed by a subcontractor nursing or home health agency. Would the Care Coordination template (or documentation format) be completed rather than the Postpartum Home Visit Summary? AMA Response: Yes for the Care Coordination template or possibly a combination of both depending on the assessment.
39	Op Man, pg. 42	Tracking Care Coordinator Encounter visits	According to the Operational Manual, the following codes are used for CC encounter visit tracking. T1016 - U1 1ST encounter T1016 – U2 2ND encounter T1016 – U3 3RD encounter T1016 – U4 4TH encounter T1016 – U5 5TH encounter With only two CC visits required, which visit is to be considered the second face to face if other visits are done? AMA Response: The last documented visit.
40	Op Man, pg. 43		Missed Hospital Encounter/Home Visits. I understand Medicaid desires that a missed hospital encounter be done via a home visit. QUESTION: However, if a recipient presents to the Care Coordinators office before the scheduled home visit is done, can the Care Coordinator perform the missed hospital encounter at that time, or does the Care Coordinator need to wait for the home visit to perform hospital encounter objective, and risk a chance that the patient will be missed at the home visit? AMA Response: It can be done when the recipients present to the Care Coordinator's office as long as it occurs within the required 20-day post hospital discharge timeframe.
41	Op Man, pg. 45	VIII.,C.	With regard to claims payment "in all cases" within 60 days of delivery, will Primary Contractors be penalized for claims that are not received within 60 days of delivery? Also, are Primary Contractors required to pay claims within 60 days of delivery, if they have not received payment from Medicaid? AMA response: Pursuant r to 3.35 c which states

			"Failure to comply with any other requirement of the ITB $1000 per instance, the AMA may impose a liquidated damage for claims not paid within the 60 day timeframe. ; Yes Primary Contractors are required to pay claims within 60 days of delivery even if they have not received Medicaid payment.
42	Op Man, pg. 53	IX,D.	Since Primary Contractors are not contracting with teaching facilities or the physicians associated with teaching facilities, who will be responsible for the DHCP report card for those physicians? AMA Response: Physicians associated with teaching facilities will be exempt from report cards. Concurrent with the previous question, who will be responsible for the collection of the service data base elements from the physicians associated with teaching facilities? AMA Response: Not applicable.
43	Op Man, pg. 62	J.1. ***	End of sentence reads: "…of reporting to the managed care organization." The wording, "managed care organization" was replaced in the 2008 1st amendment to read: "Primary Contractor." QUESTION: Can it be replaced again? AMA Response: The ITB will be amended to reflect Primary Contractor.
44	Op Man, pg. 63	Centering Healthcare Institute	According to the CHI site (http://www.centeringhealthcare.org), there are none in the state of Alabama. The site states "This plan is for sites considering starting one or more Centering programs. It is a two-year commitment under which CHI provides consultation, training, support, and materials. The site first obtains basic information about the model through sending an advance scout to a basic workshop, reading information materials from CHI, etc.) Once the Site has determined that Centering is a good fit, the Implementation Plan will begin. The Implementation Plan starts with your site being assigned a CHI consultant who will meet with your Steering Committee to discuss issues of system redesign. The consultant will also conduct an overview of the model for everyone in your agency to

			learn about Centering". Since it takes two years to develop a site, how does Medicaid propose to provide an incentive for the first two years of operation under the bid? AMA Response: Medicaid will only pay a bonus to districts which meet the requirement of at least one certified and functional centering in pregnancy site.
45	Op Man, pg. 63	Pregnant women with diabetes.	According to the answer given by AMA regarding this question "row 102", the patient must complete the visit in order for the Primary Contractor to get credit. Since the Primary Contractor does not have control over the patient and cannot make her complete this visit, can this be changed to include made appointments followed by calls and a certified letter as documentation of attempts? AMA Response: No. The intent is to get the patient in for counseling.
46	Op Man, pg32	V.C. 16.b	Please clarify whether any physicians in Tuscaloosa, Alabama are classified as "physicians associated with a teaching facility" as referenced in the aforementioned citation. More specifically, what about those physicians affiliated with Capstone Health Services Foundation, P.D. and practicing at University Medical Center in Tuscaloosa? Capstone operates a residency program which includes a rotation through all disciplines including OB/GYN and physicians associated with Capstone provide teaching services to University of Alabama medical school students. What about area physicians not affiliated with Capstone who are adjunct faculty members teaching on the University of Alabama campus in Tuscaloosa/ To the extent any of the physicians described above are deemed to be "physicians associated with a teaching facility", should Primary Contractor presume that all services provided by such individuals are to be excluded from the global fee paid to the Primary Contractor and billable fee for service directly by the provider to Medicaid? AMA Response: It does not appear that any of the physicians associated with Capstone Health Services are designated as physicians associated with a teaching facility. A list of the teaching physicians will be posted to the AMA website.

47	Op Man	Attachment 3. Global Associated Codes: ******	Since removal of hydatidiform mole (59870) is now included in the Global Associated Codes, how would the Primary Contractor bill for these services? Should hysterotomy for hydatidiform mole (59100) remain in the list? AMA response: The ITB will be amended to remove this procedure.
48	Op Man	Attachment 5 Application Assisters	The last bullet says the Application Assister can conduct interviews. What do you mean that the Application Assister can interview? AMA Response: The interview is the dialogue that takes place between the Application Assister and the potential recipient in order to complete the eligibility application and to obtain the required documentation.